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August 17, 2001

**CHDP PROVIDER INFORMATION NOTICE No. 01- 04**

TO: ALL CHILD HEALTH AND DISABILITY PREVENTION (CHDP)  
PROGRAM PROVIDERS

SUBJECT: PNEUMOCOCCAL CONJUGATE VACCINE (PCV 7/ PREVNAR)  
ADDITION AS A CHDP BENEFIT, REPORTING CODE,  
REIMBURSEMENT FOR VACCINE ADMINISTRATION, AND  
UPDATED CHDP VACCINE BENEFIT AND REIMBURSEMENT  
TABLE

The purpose of this Information Notice is to advise you that the heptavalent, pneumococcal conjugate vaccine (PCV 7, brand name Prevnar) has been added as a Child Health and Disability Prevention (CHDP) program benefit. There is also a change in the eligible age range for purchased varicella vaccine, which keeps CHDP benefits in line with vaccine availability through the Vaccines for Children's Program.

This Information Notice also provides background information on the vaccine, the new CHDP administration code, and the provider reimbursement rate for vaccine administration. An updated CHDP vaccine benefit and reimbursement table is enclosed, that includes the addition of the PCV 7 vaccine.

**Background Information**

Infections with pneumococcus (*Streptococcus pneumoniae*) are the most common invasive bacterial infections in children in the United States. The rate of invasive pneumococcal infection is highest in children under two years of age and is 228 per 100,000 for children between six and 12 months of age.<sup>1</sup>

Certain groups of immunocompromised children are at particular risk of pneumococcal infection. Children with functional or anatomic asplenia, including those with sickle cell disease, and children with immunodeficiency virus infection have pneumococcal infection rates 20 to 100 times greater than the infection rate of healthy children during the first five years of life. Other groups of children that are at high risk for pneumococcal infection include those with congenital immunodeficiency, chronic cardiopulmonary disease, immunosuppressive neoplastic diseases, chronic renal

insufficiency (including nephrotic syndrome), diabetes, cerebrospinal fluid leaks, and those who are receiving immunosuppressive chemotherapy.<sup>1</sup>

Children from certain groups are considered at moderately increased risk for pneumococcal disease. These include young children age 24 to 35 months, ethnic groups such as Native American and African American, and children who attend out-of-home care.<sup>1-3</sup>

Pneumococcal polysaccharide vaccines have been available and recommended since 1985 for children older than two years who are at high risk of invasive disease.<sup>2</sup> However, these vaccines are poorly immunogenic in children under two years of age.

Last year, a new pneumococcal vaccine was licensed that induces good antibody response in infants and young children. It is a heptavalent, conjugate vaccine (PCV7) that is marketed under the name Prevnar by Wyeth Lederle. Both the Committee on Infectious Diseases of the American Academy of Pediatrics (AAP) and the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) recommend routine administration of this new vaccine to all infants and children under 24 months of age.<sup>2,3</sup> The vaccine has been included in the Recommended Childhood Immunization Schedule for the United States, year 2001, that is approved by the AAP and ACIP.<sup>4</sup>

The AAP and ACIP also recommend use of this vaccine in children 24 to 59 months of age who are at high risk for pneumococcal disease.<sup>2,3</sup> Further, the AAP and ACIP indicate that use of the vaccine may be considered in other children between age 24 and 59 months, taking into account risk factors for possible pneumococcal disease and giving priority to those at moderate risk.<sup>2,3</sup>

The conjugate pneumococcal vaccine is administered intramuscularly. A four dose series is recommended in young infants, starting at age two to six months. Three doses are given four to eight weeks apart and a booster dose is given at 12 to 15 months.<sup>2-4</sup> Fewer vaccine doses are needed for healthy infants, who start the vaccine series at seven months or older. The recommended immunization schedules for healthy children and for children up to 59 months of age, who are at increased risk for pneumococcal disease, are provided in the AAP guidelines.<sup>2</sup>

For some children above age two years, the older 23 valent, polysaccharide vaccine (23PS) may also be of benefit. Indications for continuing use of 23PS, along with the newer PCV7, are also discussed in the AAP guidelines.<sup>2</sup> **Please note: The 23 PS vaccine is currently and will continue to remain a benefit of the CHDP program (CHDP code 55).**

For further information, on the pneumococcal vaccines please consult the AAP and ACIP recommendations and the vaccine manufacturers' guidelines. The AAP and ACIP recommendations and policy statements can be accessed on the internet at [www.aap.org](http://www.aap.org) and [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr), respectively.

### **Pneumococcal Conjugate Vaccine as a CHDP Program Benefit**

Effective September 1, 2001, CHDP will reimburse providers for administration of pneumococcal conjugate vaccine (PCV7) to eligible children, two months through 59 months of age. The CHDP vaccine code and provider reimbursement rates are given below.

The vaccine is to be administered in accordance with the AAP and ACIP recommendations. The vaccine will be provided at no charge by the Vaccines for Children (VFC) program for CHDP eligible children up to five years of age. CHDP will reimburse providers for vaccine administration.

<u>CHDP Code</u>	<u>Description</u>	<u>Provider Reimbursement</u>
67	Pneumococcal conjugate vaccine (PCV7) VFC Program, ages two months through 59 months Administration fee only	\$9

### **Reminder**

All CHDP program providers actively involved with immunized children must participate in the VFC program, which provides vaccines at no cost to the provider, for eligible children up to 18 years 11 months. The CHDP program reimburses only the immunization administration fee for VFC covered vaccines.

### **Billing Instructions**

Please use the following instructions for billing for this immunization. Refer to the PM 160 Instructions Manual dated February 1997, for additional information.

- Enter the CHDP Code number and PCV7 on a blank line, under the immunization section of the PM 160 Confidential Screening/Billing Report.
- Enter a check mark in only one of the Immunization Outcome Columns (A or B) of the PM 160, as appropriate.

- Enter the administration fee in the Fees Column (Note: fees do not apply on the "Information Only" PM 160.)

**CHDP Vaccine Benefits and Reimbursement Table: Addition of PCV 7 and change in Purchased Varicella Age Range.**

An updated CHDP Vaccine Benefit and Reimbursement Table is enclosed, that is effective as of September 1, 2001. It includes the PCV 7 vaccine. The eligible age range for purchased varicella vaccine has also been increased to 19 years through 20 years 11 months. The VFC program will now provide varicella vaccine for all susceptible children through age 18 years 11 months.

Your continuing participation in the CHDP program is appreciated. If you have any questions, about CHDP vaccine benefits, or other CHDP issues please contact your local CHDP program office.

**Original Signed by Maridee Gregory, M.D.**

Maridee A. Gregory, M.D., Chief  
Children's Medical Services Branch

Enclosure

**REFERENCES**

1. American Academy of Pediatrics, Committee on Infectious Diseases. Technical Report: prevention of pneumococcal infections, including the use of pneumococcal conjugate and polysaccharide vaccines and antibiotic prophylaxis. Pediatrics 2000; 106:367-376
2. American Academy of Pediatrics, Committee on Infectious Diseases. Policy Statement: Recommendations for the prevention of pneumococcal infections, including the use of pneumococcal conjugate vaccine (Prevnam), pneumococcal polysaccharide vaccine, and antibiotic prophylaxis. Pediatrics 2000;106:362-366
3. Recommendations of the Advisory Committee on Immunization Practices. Preventing pneumococcal disease among infants and young children. MMWR 2000;49(RR09):1-38
4. Centers for Disease Control and Prevention. Recommended childhood immunization schedule—United States, 2001. MMWR 2001;50(01):7-10

**CHDP VACCINE BENEFIT AND REIMBURSEMENT TABLE, EFFECTIVE 9/01/01**

VACCINE	VACCINE SOURCE	PM 160 CODE	AGE RANGE	RATE <sup>1</sup>	COMMENT REQUIRED
DTaP	VFC	45	2 months through 6 years, 11 months	\$ 9.00	
DT Pediatric	Purchased	59	2 months through 6 years, 11 months	\$10.93	
Td Adult	Purchased	60	7 years through 20 years, 11 months	\$10.93	
Hepatitis A	VFC (Pediatric)	65	2 years through 18 years, 11 months	\$ 9.00	
	Purchased (Adult)	66	19 years through 20 years, 11 months	\$65.48	
HBIG <sup>2</sup>	Purchased	41 + 57	newborn through 20 years, 11 months	\$168.12	Reason for administration
Hepatitis B/ Hib Combination	VFC	56	2 months through 4 years, 11 months	\$ 9.00	
Hepatitis B Lower Dose (Pediatric/Adolescent)	VFC	40	newborn through 18 years, 11 months	\$ 9.00	
Hepatitis B Higher Dose (Adult)	VFC	42	11 years through 15 years, 11 months <sup>3</sup>	\$ 9.00	(Use this code for 2 dose adolescent schedule)
Hepatitis B	Purchased	51	19 years through 20 years, 11 months	\$38.17	
Hib	VFC	38	2 months through 18 years, 11 months	\$ 9.00	High risk factor, if older than 5 years
	Purchased	63	19 years through 20 years, 11 months	\$15.85	High risk factor
Influenza	VFC	53	6 months through 18 years, 11 months	\$ 9.00	High risk factor
	Purchased	54	19 years through 20 years, 11 months	\$13.76	High risk factor
MMR	VFC	33	12 months through 18 years, 11 months	\$ 9.00	
	Purchased	48	19 years through 20 years, 11 months	\$38.27	
Measles <sup>4</sup>	Purchased	34	12 months through 20 years, 11 months <sup>5</sup>	\$21.29	Reason for administration
Polio – Inactivated	VFC	39	2 months through 18 years, 11 months	\$ 9.00	
	Purchased	64	19 years through 20 years, 11 months	\$28.94	High risk factor
Pneumococcal Conjugate (PCV 7)	VFC	67	2 months through 4 years, 11 months	\$ 9.00	
Pneumococcal Polysaccharide(23PS)	Purchased	55	2 years through 20 years, 11 months	\$20.74	High risk factor
Rubella <sup>6</sup>	Purchased	36	12 months through 20 years, 11 months	\$24.50	Reason for administration
Varicella	VFC	46	12 months through 18 years, 11 months	\$ 9.00	
	Purchased	52	19 years, through 20 years, 11 months	\$48.94	

1. Total reimbursement, includes administration fee.

2. Only for infants with HBsAg (+) mothers and for children exposed to known/suspected HBsAg (+) blood/tissue fluids

3. Adolescent two dose immunization schedule, currently approved for age 11 years through 15 years, 11 months.

4. For individuals with a contraindication to rubella or mumps vaccine.

5. Measles vaccine (or, if not available, MMR) is recommended in children as young as 6 months, in outbreak situations.

6. For individuals with a contraindication to measles or mumps vaccine.